Medical Expense and Performance Reporting System (MEPRS)

An Overview

TMA MEPRS Program Office

Agenda

- Introduction
- Account Structure
- Financial Data
- Personnel Data
- Workload Data

Introduction

Purpose:

Provide uniform reporting by Functional Cost Code (FCC) of expense, manpower, & workload for DoD Medical Treatment Facilities (MTF) providing management a basic framework for cost and work center accounting.

MEPRS refers to the expense, personnel, and workload data.

Expense Assignment System (EAS) is the hardware and software in which the information resides.

Introduction

w Service specific **Financial** data

 § Army: STANFINS/GFEBS

   (Standard Army Finance System/General Fund Enterprise System)

 § Navy: STARS-FL

   (Standard Accounting and Reporting System Field Level

 § Air Force: GAFSR

   (General Accounting Finance System Rehost)

w **Personnel**

 § DMHRSi

   (Defense Medical Human Resource System - internet)

w **Workload**

 § CHCS/WAM

   (Composite Health Care System / Workload Assignment Module)

MEPRS Data:
DoD-Standardized,
Aggregated by FCC

Account Structure

Functional Cost Codes (FCCs) are 4-character MTF-specific codes representing work centers or reporting facilities; used to track costs, workload and FTEs. The first 3 letters are DoD-standard.

The fourth letter is MTF-unique and used to identify specific types of costs and workload:

B = AMBULATORY CARE (DoD standard)
  BH = PRIMARY MEDICAL CARE (DoD standard)
    BHA = OUTPT PRIMARY CARE CLINICS (DoD standard)
      BHAA = Outpt Primary Care Clinic – Parent Facility (MTF specific)

      BHAM = Outpt Primary Care Clinic - TMC-1 (MTF specific)

      BHAW = Outpt Primary Care Clinic - TMC-5 (MTF

Account Structure

Expense Purification

Cost pools are identified with an "**X**" in the 3rd FCC position. They are used when time and expense cannot be specifically assigned because two or more work centers share space, personnel or supplies. For example, *mixed wards*.
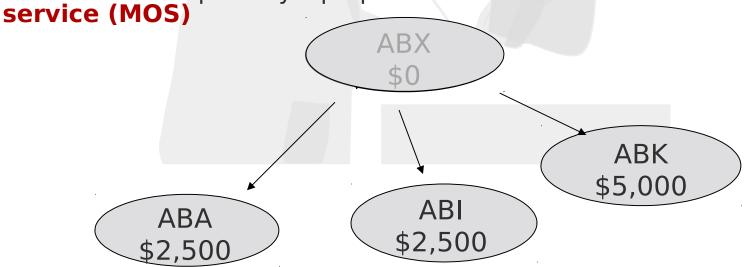
Expenses and FTEs in cost pools are reassigned (*purified*) on the basis of workload.

Account Structure

Expense Purification

- Ward 3E has several nurses assigned to the cost pool (nursing salary dollars) shared by three specialties -- **Cost Pool ABX ($10,000)**
  - ABA - General Surgery (2,500 MOS)
  - ABI - Plastic Surgery (2,500 MOS)
  - ABK - Urology (5,000 MOS)
- Nursing Salary dollars accumulated in ABX ($10,000) are purified based on each specialty's proportional Ward 3E **minutes of service (MOS)**

ABX
$0

ABK
$5,000

ABA
$2,500

ABI
$2,500

Account Structure
Expense Allocation

Intermediate (Stepdown) Accounts
D - Ancillary Services
E - Support Services

Ancillary and Support expenses are allocated (stepped-down) across final accounts.
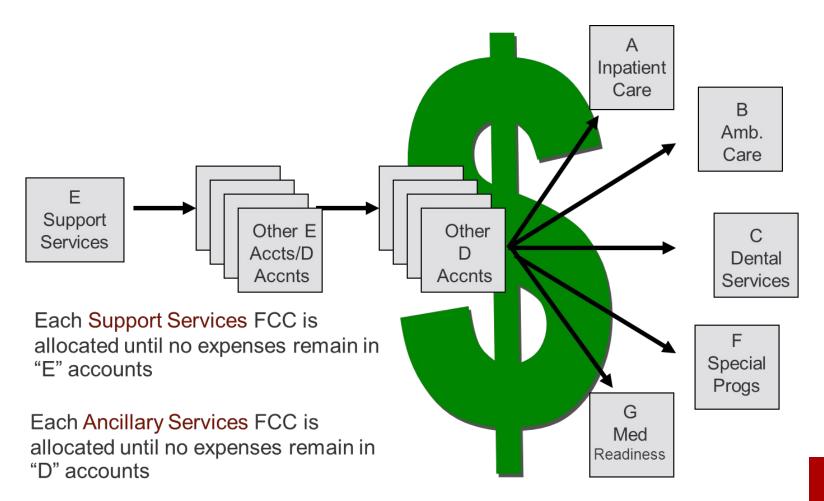
Final Operating Accounts
A - Inpatient Care
B - Ambulatory Care
C - Dental Care
F - Special Programs
G - Medical Readiness

Account Structure
Expense Allocation

E Support Services → Other E Accts/D Accnts → Other D Accnts

A Inpatient Care

B Amb. Care

C Dental Services

F Special Progs

G Med Readiness

Each Support Services FCC is allocated until no expenses remain in "E" accounts

Each Ancillary Services FCC is allocated until no expenses remain in "D" accounts

Financial

DoD	Air Force	Army	Navy
SEEC - Standard Expense Element Code	EEIC - Element of Expense Investment Code	EOR - Element of Resource	EE - Expense Element
PEC - Program Element Code	PEC - Program Element Code	AMSCO - Army Management Structure Code	SAG - Subactivity Group

Service specific codes that categorize expenses into Pay Data (Military & Civilian),Contracts, Supplies, Equipment, Base Operations, etc. are mapped to DoD standard codes in EAS.

Personnel

Full Time Equivalent (FTE)
Amount of labor available to the MTF work center if a person works fulltime for 1 month.

Assigned FTEs
Time reported by personnel assigned to specific positions/work centers on MTF manning documents.
1 FTE = the number of days in a month

Available FTEs
Time reported by any personnel in a given clinic for a given month. Includes those who are Assigned, attached, borrowed, contracted, volunteers, etc.
1 FTE = 168 man-hours in 1 month
(1FTE is calculated as an average of 21 work days per month x 8 hours per day)

Non-Available FTEs
Time reported by Assigned personnel in their Assigned work center that is unrelated to the healthcare mission such as

Personnel

Total FTEs (Assigned / Available)

Personnel Category

Skill Type

Skill Type Suffix

Personnel

Total FTEs

Officer
Enlisted
Civilian
Contract
Other

Clinicians

Direct Care Professionals

Registered Nurses

Direct Care Para-professionals

Admin/Clerical/Log

Clinicians	Direct Care Professionals	Registered Nurses	Direct Care Para-professionals	Admin/Clerical/Log
Physician	Physician Assistant	Registered Nurse	LPN or LVN	Logistics
Dentist	Nurse Practitioner	Other	Nursing Assistant	Clerical
Medical Resident	Nurse Midwife		Other	Administrator
Medical Fellow	Nurse Anesthetist			Other
Medical Intern	Community Health			
Dental Intern	Occupat. Health Nurse			
Dental Fellow	Clinical Nurse Specialist			
Dental Resident	Other DC Professionals			
Veterinarian				

Workload

The main function of workload data in EAS is to provide a basis to allocate expenses among work centers; therefore, workload is collected in relationship to costing. Historically, MEPRS workload in EAS with its limited focus has been used for analysis but today the MHS Data Mart (M2) is the official source of workload data because it serves an analysis mission.

Associated Workload

Inpatient Services
- Admissions
- Dispositions
- Occupied Bed Days
- Bassinet Days

Ambulatory Services
- Visits

Ancillary Services (D)
- Procedures (Raw and Weighted)
- Minutes of Service (Surgical)
- Hours of Service (ICU)

Special Programs (F)
- Immunizations
- Visits

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Policy & Business Rules

- DoD 6010.13M (dated April 7, 2008)
  - Provides Tri-Service MEPRS program policy and guidance to all MEPRS reporting MTFs/DTFs.
  - Download from/access Online: www.meprs.info.

Chapter 1:	General Information
Chapter 2:	Chart of Functional Cost Codes
Chapter 3:	Guidelines And Reporting Requirements
Chapter 4:	Issue Process
Appendices	Acronyms, Definitions, Guidelines for reporting FTEs

Medical Expense and Performance Reporting System (MEPRS)

Data Quality Management Control Review List

Agenda

- **Education**
  - 5M2U (MADI)
  - QUEST
- **MEWACS**
  - Data Load Status
  - Outliers
  - WWR/EAS IV
  - Allocation
- **CCR**

MEPRS Education

Question A.7.c)

"Have the members of the DQ Assurance Team been trained in their area of responsibility?"

Note: A.7.c is to be used locally to ensure that team members have training in their functions and responsibilities. (E.g., Analysis: WISDOM; Medical Expense and Performance Reporting System (MEPRS): **MADI, QUEST**; Uniform Business Office (UBO): webinars; Patient Administration (PAD): Service PAD Course.)

WWW.MEPRS.INFO/5M2U

Five Minute MEPRS University (5M2U)

- A web-based distance learning vehicle that offers animated tutorials that illustrate MEPRS concepts and processes.

- Each tutorial contains targeted learning content and is approximately five minutes in length.

- Consists of the five core modules that make up the MEPRS Application and Data Improvement (MADI) course as well as modules to guide the repository user through common data extraction scenarios.
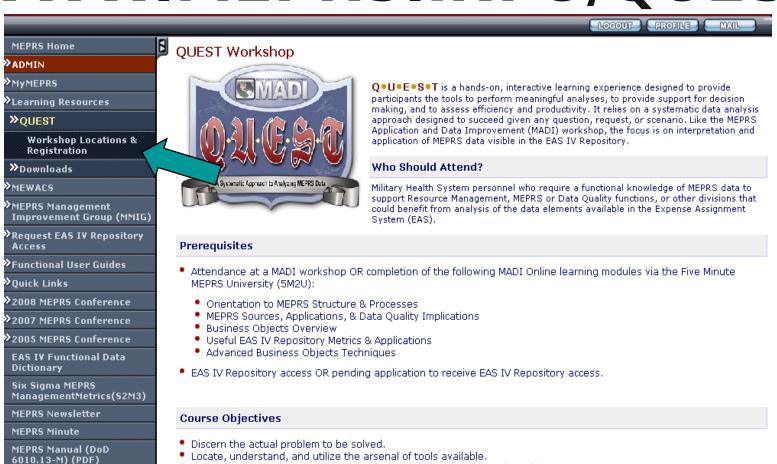
WWW.MEPRS.INFO/QUEST

QUEST – Advanced MEPRS Course

Summary

A hands-on, instructor based, interactive learning experience designed to provide participants the tools to perform meaningful analyses, to provide support for decision making, and to assess efficiency and productivity.

Attendees will learn a step-by-step approach to data analysis targeting data available in the EAS IV repository.

Prerequisites

1. Successful completion of a MADI workshop OR currently, completion of the MADI Online learning modules via the Five Minute MEPRS University (5M2U).

2. Experience with Business Objects, MS Excel, and the MEPRS data available in the EAS IV repository. Refer to the portal for specific experience required.

MADI
MEPRS APPLICATION & DATA IMPROVEMENT
QUEST
A Systematic Approach to Analyzing MEPRS Data

QUEST – Advanced MEPRS Course

FY12 QUEST Schedule

Mar 6 – Mar 8, San Antonio, TX

May 8 – May 10, Falls Church, VA

Jun 5 – Jun 7, San Antonio, TX

Jul 31 – Aug 2, San Antonio, TX

DQMC Review List

Question C.1.d.)

"Were the data load status, outlier or variance, WWR (EAS IV), and allocation tabs in the MEWACS document reviewed and explanations provided in the comments section for flagged data anomalies?"

WWW.MEPRS.INFO/MEWACS

DQMC Review List

Review Item 1. "EAS IV Repository MEPRS data load status and compliance with the 45-day reporting suspense or Service Guidance whichever is earlier. If the facility has a pattern (2 or more) of flagged cells on this tab, has it corrected it or developed a plan to correct it? Provide an explanation in the Comments Section."

Data Load Status

Data Load Status

Data Load Status

Data Load Status

DQMC Review List

Review Item 2. **"MTF-specific summary data outliers. If the facility has any Prior Fiscal Year or Current Fiscal Year flagged cells on this tab, provide an explanation in the Comments Section."**

Summary Outliers

Clicking on the outlier month will take you to MTF Data Profiles

Summary Outliers

Summary Outliers

Summary Outliers

DQMC Review List

Review Item 3. "WWR – EAS IV total ambulatory visit comparison. If the facility has any Prior Fiscal Year or Current Fiscal Year fiscal month data where WWR vs. EAS IV visit counts differ by greater than 5%, provide an explanation in the Comments Section."
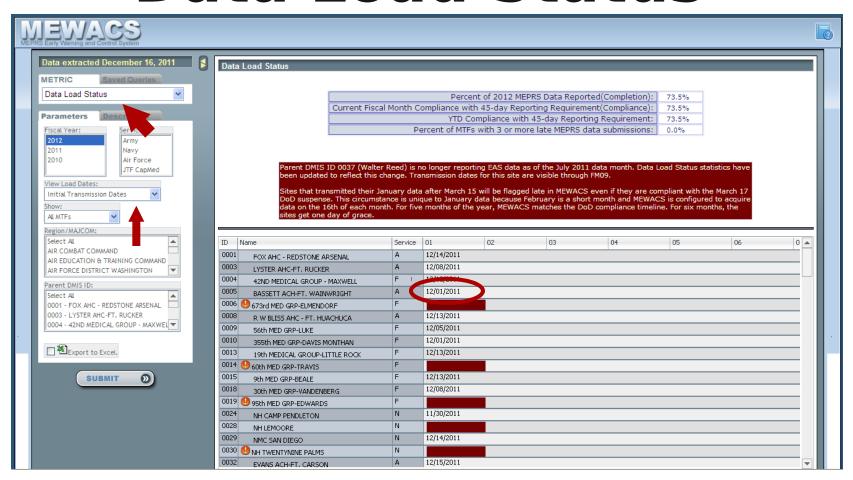
WWR/EAS IV

DQMC Review List

Review Item 4. **"Ancillary and Support expense allocation tests. If the facility is flagged in the Prior Fiscal Year or Current Fiscal Year due to incomplete allocation of ancillary or support expenses, provide an explanation in the Comments Section, including projected date for submitting corrected data."**

Allocation

Allocation

WWW.MEPRS.INFO/CCR

CCR

CCR

Front Page

Executive Summary

Note:
This Executive Summary report offers the percent of flagged monthly expense and workload components by MTF. It should be interpreted wit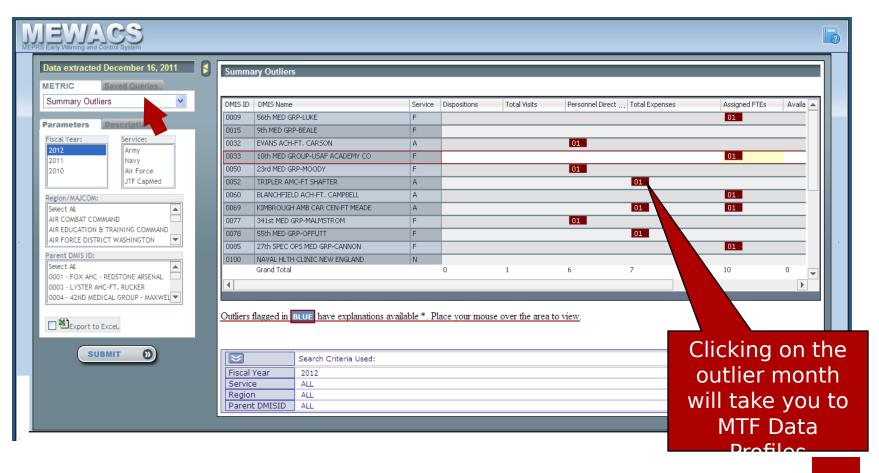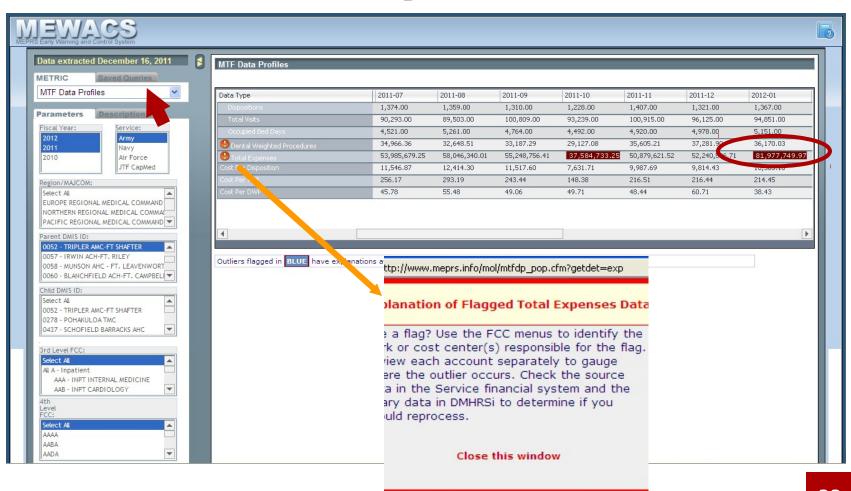h caution as it gauges the frequency of potential data anomalies, not the magnitude of the data variance detailed by CCR. It is useful for distinguishing MTFs and Fiscal Months within MTFs that exhibit a significant amount of data variability. Empty cells represent insufficient data for metric.

Version:

December 2011

Key:

(yellow)	Over 15% of CCR cost and workload flagged
(red)	Over 25% of CCR cost and workload flagged

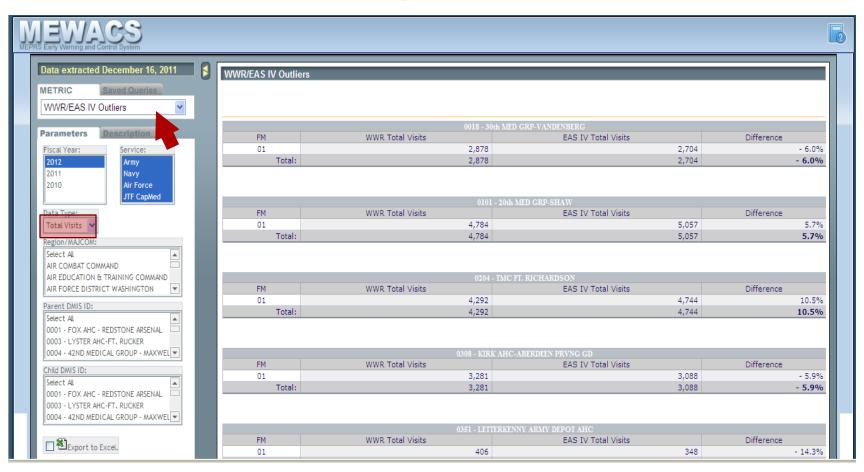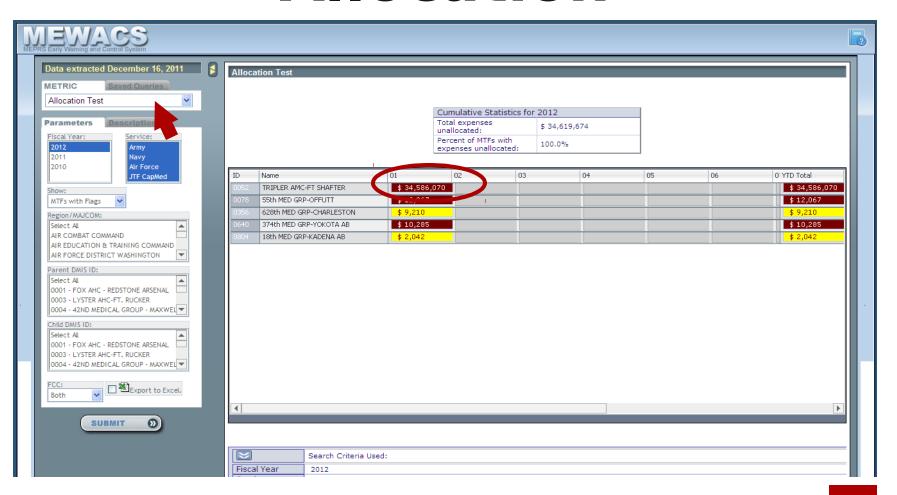| Facility	Clinical Service	FY 2012 Fiscal Months											
		01	02	03	04	05	06	07	08	09	10	11	12
0385 - NHC QUANTICO	MEPRS B - Outpatient	22.6%											
	MEPRS C - Dental	13.3%											
	MEPRS D - Ancillary	20.0%											
	MEPRS E - Support	6.3%											
	MEPRS F - Special Progs	10.0%											
	MEPRS G - Readiness	0.0%											
0457 - NDC CAMP PENDLETON	MEPRS C - Dental	4.8%											
	MEPRS D - Ancillary	0.0%											
	MEPRS E - Support	3.0%											
	MEPRS F - Special Progs	0.0%											
	MEPRS G - Readiness												
0492 - NDC CAMP LEJEUNE	MEPRS C - Dental	2.7%											
	MEPRS D - Ancillary	1.3%											
	MEPRS E - Support	1.1%											
	MEPRS F - Special Progs												
	MEPRS G - Readiness	0.0%											
0615 - NH GUANTANAMO BAY	**No Data Reported**												
0617 - NH NAPLES	MEPRS A - Inpatient	7.5%											
	MEPRS B - Outpatient	9.3%											

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Summary Outliers

Summary Outliers

CCR

FY12 MEPRS Consolidated Cost and Workload Report: Navy

Go to FY12 Data	Front Page
Go to FY11 Baseline	

Select Parent Facility Below
0385 - NHC QUANTICO

Select Fiscal Month Below
FM01 - October

Select 1st-Level FCC Code
MEPRS D - Ancillary

Key: +/- 3 Std. Deviations from FY11 baseline monthly average

4th Level Functional Cost Code	4th Level Functional Cost Code Description	Workload DISP	Workload OBD	Workload TOV	Purified Direct Labor Expense	Purified Direct Non-Labor Expense	Total Indirect Expenses (E & D)	EA DEPRECIATION OBD / TOTV	EBH THIRD PARTY COLLECTIONS ADMINISTRATION CLAIMS BILLED	OTHER EB COMMAND, MANAGEMENT, AND ADMINISTRATION AVAILABLE FTE
DAAA	PHARMACY	0	0	0	$74,138	-$536,827	$31,828	$0	$0	$26,234
DBAA	CLINICAL PATHOLOGY	0	0	0	$56,187	-$211	$17,882	$0	$0	$14,610
DCAA	DIAGNOSTIC RADIOLOGY	0	0	0	$40,455	$14,563	$82,932	$0	$0	$8,619
DEAA	CENTRAL STERILE	0	0	0	$2,998	$0	$1,785	$0	$0	$1,475
DAAT	PHARMACY	0	0	0	$9,128	$0	$2,302	$0	$0	$1,474
DBAT	CLINICAL PATHOLOGY WNY 32563	0	0	0	$9,470	$0	$2,483	$0	$0	$1,313
DAAI	PHARMACY - TBS	0	0	0	$180	$17	$506	$0	$0	$135
DBAI	CLINICAL PATHOLOGY-TBS	0	0	0	$757	$0	$413	$0	$0	$345
DCAI	DIAGNOSTIC RADIOLOGY-TBS	0	0	0	$5,580	$0	$2,391	$0	$0	$1,957
DAAL	PHARMACY SG 32747	0	0	0	$2,407	-$548	$1,918	$0	$0	$1,356
DBAL	PATHOLOGY LAB SG 32747	0	0	0	$939	$0	$1,305	$0	$0	$659
DAAJ	PHARMACY - OCS	0	0	0	$60	$0	$71	$0	$0	$42
DBAJ	LABORATORY - OCS	0	0	0	$9,694	$0	$1,847	$0	$0	$1,567
DCAJ	DIAGNOSTIC RADIOLOGY - OCS	0	0	0	$4,802	$0	$2,202	$0	$0	$1,800
DCAT	DIAGNOSTIC RADIOLOGY WNY 32563	0	0	0	$5,515	$0	$2,446	$0	$0	$765
DEAT	CENTRAL STERILE SUPPLY WNY 0703	0	0	0	$3,949	$0	$663	$0	$0	$604

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CCR

Go to FY12 Data	Front Page
Go to FY11 Baseline	

Select Parent Facility Below

0385 - NHC QUANTICO

Select Fiscal Month Below

FM01 - October

Select 1st-Level FCC Code

MEPRS B - Outpatient

Key: +/- 3 Std. Deviations from FY11 baseline monthly average

Left to Right Stepdown Sequence Order)

4th Level Functional Cost Code	4th Level Functional Cost Code Description	EK AMBULATORY CARE PATIENT ADMIN.	EL MANAGED CARE	DE CENT STERILE SUPPLY/MATERIEL SERV	DA PHARMACY SERVICE	DB PATHOLOGY	DC RADIOLOGY	DD SPECIAL PROCEDURE SERVICES	DF SURGICAL SERVICES	DG SAME DAY SERVICES
		tion Performance Factors								
		TOTV	AVAILABLE FTE	HOURS OF SERVICE	WEIGHTED PROCEDURES	WEIGHTED PROCEDURES	WEIGHTED PROCEDURES	WEIGHTED PROCEDURES	MINUTES OF SERVICE	MINUTES OF SERVICE
BAAA	INTERNAL MEDICINE / SPECIALTY CLINIC	$512	$755	$0	-$3,167	$277	$384	$0	$0	$0
BAPA	DERMATOLOGY CLINIC	$761	$174	$0	-$6,289	$58	$0	$0	$0	$0
BFDA	MENTAL HEALTH CLINIC	$4,673	$1,601	$0	-$11,338	$2,156	$0	$0	$0	$0
BHCA	OPTOMETRY CLINIC	$3,586	$936	$0	-$3,959	$55	$261	$0	$0	$0
BHGA	OCCUPATIONAL HEALTH CLINIC	$2,119	$1,013	$0	-$1,102	$2,584	$769	$0	$0	$0
BJAA	FLIGHT MEDICINE CLINIC	$93	$651	$0	-$1,515	$583	$2,150	$0	$0	$0
BLAA	PHYSICAL THERAPY CLINIC (MAINSIDE)	$3,967	$1,067	$0	-$138	$0	$3,281	$0	$0	$0
BGZA	FAMILY MHP - TEAM 1	$17,683	$7,723	$127	-$85,932	$22,477	$45,551	$0	$0	$0
BHA2	PDHRA (DEPLOYMENT HEALTH CLINIC)	$13,220	$3,414	$0	-$9,787	$6,282	$15,293	$0	$0	$0
BHAJ	PRIMARY CARE CLINIC-OCS	$6,164	$9,317	$0	-$1,605	$15,409	$8,601	$0	$0	$0
BHFA	COMMUNITY HEALTH CLINIC	$171	$685	$0	$0	$0	$0	$0	$0	$0
BHAA	PRIMARY CARE	$0	$0	$0	$0	$0	$0	$0	$0	$0
BGZC	FAMILY MHP - TEAM 2	$0	$0	$0	$33	$0	$0	$0	$0	$0
BGZD	FAMILY MHP - TEAM 3	$16,076	$4,024	$115	-$90,247	$14,297	$43,061	$0	$0	$0
BHGT	OCCUPATIONAL HEALTH CLINIC WNY 0703	-$80	$150	$0	$67	$766	$862	$0	$0	$0
BHAT	PRIMARY CARE CLINICS WNY 32563	-$779	$268	$210	$2,172	$5,790	$1,998	$0	$0	$0
BHAI	PRIMARY CARE CLINIC-TBS	$6,536	$5,661	$0	-$6,202	$5,888	$4,963	$0	$0	$0
BHAL	PRIMARY CARE CLINICS SG 32747	$0	$80	$0	$3,593	$2,263	$0	$0	$0	$0
BEDI	TBS CHIROPRACTIC CLINIC	$1,040	$378	$0	$0	$0	$251	$0	$0	$0
BLAJ	PHYSICAL THERAPY CLINIC-OCS	$5,900	$1,506	$0	-$40	$0	$2,240	$0	$0	$0
BHCT	OPTOMETRY CLINIC WNY 32563	-$73	$81	$0	$524	$0	$0	$0	$0	$0
BLAI	PHYSICAL THERAPY CLINIC-TBS	$1,607	$321	$0	$7	$27	$627	$0	$0	$0
BARJ	SPORTS MED/ORTHOPEDIC CLINIC OCS	$8	$561	$0	$0	$0	$0	$0	$0	$0
BDZA	PEDIATRIC MHP TEAM 1	$9,401	$2,932	$121	-$28,387	$1,857	$13,833	$0	$0	$0
BEDJ	OCS CHIROPRACTIC CLINIC	$2,554	$457	$0	$0	$0	$2,511	$0	$0	$0

Ready   100%

Anomaly Criteria

CCR employs a multi-step criteria for flagging workload and cost components for further inspection:

1. **All negative expense values are flagged.**
2. **Ancillary and Support expenses remaining after step down closeout are flagged.**
3. **$0 expense values in a fiscal month by 4th-Level FCC are flagged if average monthly baseline comparison expenses for same 4th-Level FCC exist.**
4. **Workload values are flagged if no workload is reported in a fiscal month but expenses are reported for same 4th-Level FCC.**

Anomaly Criteria

5. **MTF-specific 4th-Level FCCs accounting for 80% of total MTF expenses are selected for further analysis. This reduces the number of FCCs evaluated to generally the 20% of 4th-level FCCs that account for 80% of MTF expenses (Pareto Principle or 80-20 Rule). Current fiscal year expense elements deviating by more than 3 Standard Deviations from the average of the previous fiscal year are flagged.**
6. **Data items where year over year variability can be directly traced to workload changes are not flagged.**

Medical Expense and Performance Reporting System (MEPRS)

Six Sigma MEPRS Management Metrics (S2M3)

Agenda

- **Origin and Goals**
- **Six Sigma in Healthcare**
- **S2M3**

Origin and Goals

Six Sigma

- Six Sigma is a statistics based business improvement process that continually strives for perfection.
- It employs a disciplined methodology created from the manufacturing industry for eliminating the wastes of defects or variance to lower costs and improve customer satisfaction.

Six Sigma Methodology for Improving Existing Processes

DMAIC

- **D**efine Opportunities
- **M**easure Performance
- **A**nalyze Opportunity
- **I**mprove Performance
- **C**ontrol Performance

Six Sigma in Healthcare

➢ Using Lean Six Sigma, Morton Plant Hospital in Clearwater, FL, improved patient satisfaction over 50%, reduced emergency department length of service by 21%, and recovered over $4 million in cost of quality (aka rework).

➢ Kaiser Permanente Colorado used Lean Six Sigma to evaluate and improve Medicaid enrollment processes. A three-month project resulted in a 45 percent gain in Medicaid membership while increasing Medicaid revenue by more than $1 million annually.

➢ The Nebraska Medical Center used Six Sigma to improve the completeness and availability of physician orders for patients; the project occurred within a Six Sigma program that has returned about $7.5 million in savings.

S2M3

Six Sigma MEPRS Management Metrics (S2M3)

FY10 Update
All data obtained from the EAS IV Repository and M2 on April 4, 2011

Click on a peer group below to view a specific metric:

Rx Dispensing Costs	Available FTE's per Daily Occupied Bed	Ratio of Support Personnel to Provider FTEs	Rx Workload per Rx FTE	Lab Workload per Lab FTE	Rad Workload per Rad FTE	Inpatient Costs per RWP	Ambulatory Costs per APG
Medical Centers	Medical Centers	Medical Centers	Medical Centers	Medical Centers	Medical Centers	Medical Centers	Medical Centers
Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals
Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals
Large Clinics	Large Hosp OCONUS	Large Clinics	Large Clinics	Large Clinics	Large Clinics	Large Hosp OCONUS	Large Clinics
Small Clinics	Small Hosp OCONUS	Small Clinics	Small Clinics	Small Clinics	Small Clinics	Small Hosp OCONUS	Small Clinics
Large Hosp OCONUS		Large Hosp OCONUS	Large Hosp OCONUS	Large Hosp OCONUS	Large Hosp OCONUS		Large Hosp OCONUS
Small Hosp OCONUS		Small Hosp OCONUS	Small Hosp OCONUS	Small Hosp OCONUS	Small Hosp OCONUS		Small Hosp OCONUS
Clinics OCONUS		Clinics OCONUS	Clinics OCONUS	Clinics OCONUS	Clinics OCONUS		Clinics OCONUS

Executive Summary:
Medical Centers
Large Hospitals
Large Hospitals OCONUS
Small Hospitals
Small Hospitals OCONUS
Large Clinics
Small Clinics
Clinics OCONUS

Notes:
Six Sigma Description
Definition of Metrics
Data Sources
Peer Group Definitions

External MEPRS Resources:
MEPRS Web Portal
MEWACS
MEPRS Manual DoD 6010.13-M
Human System Interface (HSI)

MTF-Peer Group Lookup:
Air Force
Army
Navy

If you have questions on the data contained, please contact:
Deirdre Baker
SRA International
210-832-5216
Deirdre_Baker@SRA.COM

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S2M3

User Notes

Definition of Metrics

The metrics contained in this package offer a snap shot of the Direct Care operation at MTFs, including staffing, financial, and workload metrics. By arraying the data in peer groups, MTFs can see their position relative to similar facilities. Rankings and sorting of facilities are done based on Z-Scores (standard deviations from the peer group mean: *[(MTF ratio– peer group mean ratio) / peer group ratio standard deviation])*.

Rx Dispensing Costs: This metric evaluates the cost of dispensing prescriptions, without ingredient costs. Cost data include pharmacy expenses allocated to ambulatory Functional Cost Codes (FCCs) less pharmaceutical supply costs (ingredient costs). In this metric, Raw pharmacy workload across ambulatory functional cost codes (B*** and FBN*) is used as a proxy for individual prescriptions. Non-ingredient costs are defined as all pharamacy expenses (DA**) stepped down to the ambulatory FCCs (B*** and FBN*) except those expenses in SEEC 26.25 (Pharm Supplies) and any non-labor expenses in PECs 87701 (Pharmaceuticals in Medical Center - CONUS) and 87901 (Pharmaceuticals in Medical Center - OCONUS). Dispensing cost per prescription is calculated as *[(Non-ingredient Pharmacy Costs) / Raw Pharmacy Workload]*.

S2M3
Control Panel – Peer Groups

Six Sigma MEPRS Management and Control Metrics
2010 MTF- Peer Group Look-up by Service

Air Force

Parent DMIS ID	Parent DMIS ID Name	Peer
0004	42ND MEDICAL GROUP-MAXWELL	Large Clinic
0006	3rd MED GRP-ELMENDORF	Large Hospital
0009	56th MED GRP-LUKE	Large Clinic
0010	355th MED GRP-DAVIS MONTHAN	Large Clinic
0013	314th MED GRP-LITTLE ROCK	Small Clinic
0014	60th MED GRP-TRAVIS	Medical Center
0015	9th MED GRP-BEALE	Small Clinic
0018	30th MED GRP-VANDENBERG	Small Clinic
0019	95th MED GRP-EDWARDS	Small Clinic
0033	10th MED GROUP-USAF ACADEMY CO	Large Clinic
0036	436th MED GRP-DOVER	Small Clinic
0042	96th MED GRP-EGLIN	Large Hospital
0043	325th MED GRP-TYNDALL	Small Clinic
0045	6th MED GRP-MACDILL	Large Clinic
0046	45th MED GRP-PATRICK	Small Clinic
0050	23rd MED GRP-MOODY	Small Clinic
0051	78th MED GRP-ROBINS	Large Clinic
0053	366th MED GRP-MOUNTAIN HOME	Small Hospital
0055	375th MED GRP-SCOTT	Large Clinic
0059	22nd MED GRP-MCCONNELL	Small Clinic
0062	2nd MED GRP-BARKSDALE	Large Clinic
0066	79th MED GRP-ANDREWS	Small Hospital
0073	81st MED GRP-KEESLER	Medical Center

S2M3

Six Sigma MEPRS Management and Control Metrics
FY10 S2M3
Standardized Executive Summary by Peer Group*

DMIS ID	MTF Name	Rx Dispensing Costs	Available FTE per Daily Occupied Bed	Ratio of Support Personnel to Provider FTEs	Rx Workload per Rx FTE	Lab Workload per Lab FTE	Rad Workload per Rad FTE	Inpatient Costs per RWP	Ambulatory Costs per APG	Standardized Average
Medical Centers										
0089	WOMACK AMC-FT. BRAGG	1.15	0.24	2.93	0.62	1.29	1.61	0.73	1.11	**1.21**
0052	TRIPLER AMC-FT SHAFTER	0.57	0.96	0.18	1.30	0.01	1.12	0.11	1.17	**0.68**
0029	NMC SAN DIEGO	0.37	1.71	-0.11	-0.14	1.19	-0.05	1.11	0.38	**0.56**
0047	EISENHOWER AMC-FT. GORDON	-0.01	1.50	0.64	-0.19	0.00	0.77	0.11	1.19	**0.50**
0117	59th MED WING-LACKLAND	0.35	-0.05	-0.66	0.67	1.64	0.58	0.60	-0.17	**0.37**
0109	BROOKE AMC-FT. SAM HOUSTON	0.76	-0.49	0.09	2.45	-0.65	0.07	-0.03	-0.03	**0.27**
0108	WILLIAM BEAUMONT AMC-FT. BLISS	0.25	-0.27	-0.21	0.32	0.83	-0.27	0.56	0.44	**0.21**
0125	MADIGAN AMC-FT. LEWIS	-0.93	-0.39	0.75	-0.69	-0.32	1.16	0.66	0.70	**0.12**
0124	NMC PORTSMOUTH	-0.03	0.56	-0.87	-0.58	0.31	-0.64	0.61	0.99	**0.05**
0067	NNMC BETHESDA	-0.73	0.48	-0.03	-0.40	0.29	0.40	-2.22	-0.83	**-0.38**
0095	74th MED GRP-WRIGHT-PATTERSON	1.20	-1.25	-1.06	-0.31	-1.43	-0.51	0.95	-0.98	**-0.42**
0073	81st MED GRP-KEESLER	0.33	-1.91	-0.77	-1.30	-1.13	-1.52	-0.72	-0.98	**-1.00**
0014	60th MED GRP-TRAVIS	-0.62	-0.43	-0.63	-0.71	-1.48	-1.28	-1.59	-1.33	**-1.01**
0037	WALTER REED AMC-WASHINGTON DC	-2.67	-0.65	-0.26	-1.03	-0.56	-1.43	-0.89	-1.66	**-1.14**

*Note:
The S2M3 Executive Summary has been standardized to reflect uniform positive/negative Z-score values across all metrics, thus positive Z-scores indicate more desirable values and negative Z-scores are less desirable values. For example, in the Pharmacy Dispensing Cost metric a negative Z-score denotes a dispensing cost that falls below the peer group average. Since in that case a negative Z-score is more desirable than a positive value, the Z-score sign reflected in the S2M3 Executive Summary has been changed to positive. The Z-score signs have been reversed for the following metrics in this Executive Summary:

- Rx Dispensing Costs
- Available FTE per Daily Occupied Day
- Inpatient Costs per RWP
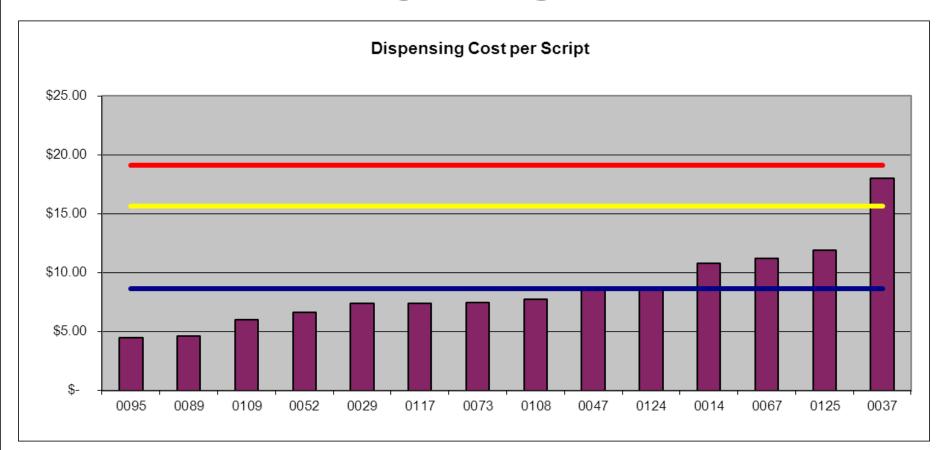- Ambulatory Costs per APG

S2M3

FY10 Cost of Pharmacy Dispensing: Medical Centers

Parent DMIS ID	Parent DMIS ID Name	Raw Work	Rx $ Less Supply Cost	Disp Cost per Script	Z Score		Statistic	Raw Work	Rx $ Less Supply Cost	Dispensing Cost per Script
0095	74th MED GRP-WRIGHT-PATTERSON	978,374	$ 4,361,751	$ 4.46	-1.20	**Better**	Mean:	848,842	$ 6,869,675	$ 8.65
0089	WOMACK AMC-FT. BRAGG	1,405,294	$ 6,504,231	$ 4.63	-1.15		Median:	790,695	$ 6,000,932	$ 7.63
0109	BROOKE AMC-FT. SAM HOUSTON	752,173	$ 4,506,511	$ 5.99	-0.76		St. Dev:	328,193	$ 2,767,209	$ 3.50
0052	TRIPLER AMC-FT SHAFTER	663,879	$ 4,410,109	$ 6.64	-0.57					
0029	NMC SAN DIEGO	1,449,993	$ 10,686,620	$ 7.37	-0.37			Value nearest peer group mean		
0117	59th MED WING-LACKLAND	812,353	$ 6,025,810	$ 7.42	-0.35			MTFs within 1 Std. Deviation from the peer group mean		
0073	81st MED GRP-KEESLER	798,970	$ 5,976,054	$ 7.48	-0.33			2 Std. Deviations above/below the peer group mean		
0108	WILLIAM BEAUMONT AMC-FT. BLISS	566,436	$ 4,402,647	$ 7.77	-0.25			3 Std. Deviations above/below the peer group mean		
0047	EISENHOWER AMC-FT. GORDON	782,419	$ 6,800,573	$ 8.69	0.01					
0124	NMC PORTSMOUTH	1,229,527	$ 10,758,800	$ 8.75	0.03					
0014	60th MED GRP-TRAVIS	456,532	$ 4,935,243	$ 10.81	0.62					
0067	NNMC BETHESDA	425,470	$ 4,760,011	$ 11.19	0.73					
0125	MADIGAN AMC-FT. LEWIS	997,595	$ 11,887,109	$ 11.92	0.93					
0037	WALTER REED AMC-WASHINGTON DC	564,767	$ 10,159,986	$ 17.99	2.67	**Worse**				

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S2M3

Dispensing Cost per Script

S2M3

Madigan

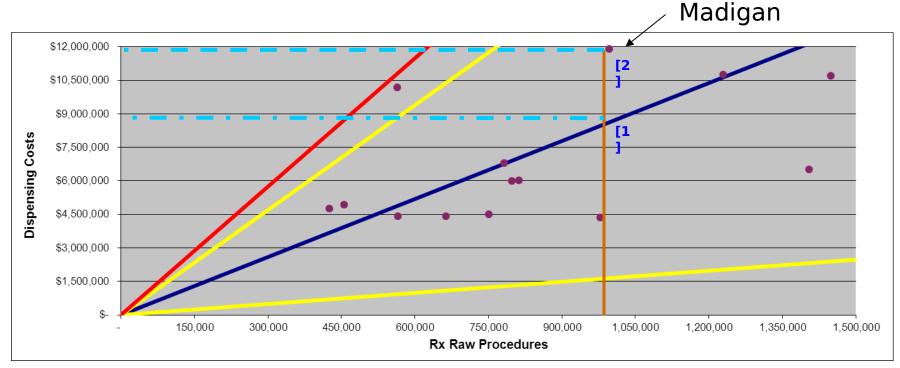For close to 1,000,000 scripts, we would expect the expenses to be closer to $9,000,000 [1] but at Madigan for the same number of scripts, the expenses are around $12,000,000 [2].

Graph 3

S2M3

General Conclusions

- OCONUS is more expensive than CONUS.
- Facilities with a military mix are more expensive than those with contract or civilian personnel.
- Hospitals or clinics with greater volume of workload fare better.
- Inappropriate cost allocation drives cost results.
- Non-reporting of borrowed labor drives results.

Analysis S2M3

FY10 Rx Weighted Procedures per Pharmacy FTE: Medical Centers

Parent DMIS ID	Parent DMIS ID Name	Avg Monthly Avail FTE	Rx Weighted Procedures	Weighted Procs per FTE	Z Score	
0073	81st MED GRP-KEESLER	82	722,228	8,859.98	-1.30	Worse
0037	WALTER REED AMC-WASHINGTON DC	131	1,363,374	10,397.52	-1.03	
0014	60th MED GRP-TRAVIS	74	911,715	12,276.92	-0.71	
0125	MADIGAN AMC-FT. LEWIS	124	1,534,051	12,383.78	-0.69	
0124	NMC PORTSMOUTH	186	2,422,065	13,011.48	-0.58	
0067	NNMC BETHESDA	89	1,253,734	14,030.15	-0.40	
0095	74th MED GRP-WRIGHT-PATTERSON	67	967,484	14,539.52	-0.31	
0047	EISENHOWER AMC-FT. GORDON	91	1,389,896	15,219.50	-0.19	
0029	NMC SAN DIEGO	159	2,461,327	15,522.43	-0.14	
0108	WILLIAM BEAUMONT AMC-FT. BLISS	77	1,398,715	18,136.66	0.32	
0089	WOMACK AMC-FT. BRAGG	101	2,016,850	19,878.60	0.62	
0117	59th MED WING-LACKLAND	98	1,973,914	20,183.86	0.67	
0052	TRIPLER AMC-FT SHAFTER	95	2,264,680	23,773.88	1.30	
0109	BROOKE AMC-FT. SAM HOUSTON	114	3,454,380	30,343.28	2.45	Better

FY10 Scripts per FTE Summary Statistics

Statistic	Avg Monthly Avail FTE	Rx Weighted Procedures	Weighted Procs per FTE
Mean:	106	1,723,887	16,325.54
Median:	97	1,466,383	14,879.51
St. Dev:	34	749,672	5,730.36

- Value nearest peer group mean
- MTFs within 1 Std. Deviation from the peer group mean
- 2 Std. Deviations above/below the peer group mean
- 3 Std. Deviations above/below the peer group mean

There are basically two values in play for each metric that require analysis. In this case, they are Available FTEs and Pharmacy Weighted Procedures

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Medical Expense and Performance Reporting System (MEPRS)

Questions?

TMA MEPRS Program Office